

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <b>STRICKLAND FOR CONGRESS</b>			
ADDRESS (number and street) PO BOX 630446			
CITY, STATE, and ZIP CODE SIMI VALLEY CA 93063			
2. NAME OF CANDIDATE ANTHONY A STRICKLAND	3. OFFICE SOUGHT (State and District) House CA 25		4. FEC IDENTIFICATION NUMBER C00543165
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE			
STEVEN BOYD  505 ROVEN DRIVE  MCKINNEY TX 75070		Name of Employer EVOLUTION HEALTH  Transaction ID : F6.6906 Occupation CEO	Date (month, day, year) 05/22/2014  Amount 1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
TIMOTHY DORN  12405 TAPADERO WAY  CASTLE PINES CO 80108		Name of Employer AMERICAN MEDICAL RESPONSE  Transaction ID : F6.6876 Occupation COO/CFO	Date (month, day, year) 05/22/2014  Amount 1000.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
RALPH HAGLE  POST OFFICE BOX 120  SOMIS CA 93066		Name of Employer HAGLE LUMBER COMPANY, INC.  Transaction ID : F6.6877 Occupation OWNER	Date (month, day, year) 05/22/2014  Amount 1000.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
SHARON HENRY  1947 LINWOOD STREET  SAN DIEGO CA 92110		Name of Employer EMCARE  Transaction ID : F6.6905 Occupation PRESIDENT, PACIFIC REGION	Date (month, day, year) 05/22/2014  Amount 1000.00
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
ANGEL ISCOVICH  PO BOX 30440  SANTA BARBARA CA 93130-0440		Name of Employer ENVISION/EMCARE  Transaction ID : F6.6894 Occupation CEO-WEST DIVISION	Date (month, day, year) 05/22/2014  Amount 1000.00
SIGNATURE (optional) BRADLEY CRATE  [Electronically Filed]		DATE 05/23/2014	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

## FEC FORM 6

(Revised 07/2011)

(See Reverse Side for Instructions)

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A. FULL NAME, MAILING ADDRESS AND ZIP CODE <b>THOMAS WAGNER</b>  303 PEPPERTREE ROAD  WALNUT CREEK CA 94598		Name of Employer AMERICAN MEDICAL RESPONSE  <b>Transaction ID : F6.6904</b> Occupation CEO, NORTHERN CALIFORNIA REG		Date (month, day, year)  05/22/2014  Amount  1000.00
B. FULL NAME, MAILING ADDRESS AND ZIP CODE AMERICAN MEDICAL RESPONSE INC POLITICAL ACTION COMMITTEE 6200 S SYRACUSE WAY, SUITE 200  GREENWOOD VILLAGE CO 80111		Name of Employer  <b>Transaction ID : F6.6892</b> Occupation		Date (month, day, year)  05/22/2014  Amount  2500.00
C. FULL NAME, MAILING ADDRESS AND ZIP CODE EMERGENCY MEDICAL CARE POLITICAL ACTION COMMITTEE 6200 SOUTH SYRACUSE WAY, SUITE 200  GREENWOOD VILLAGE CO 80111		Name of Employer  <b>Transaction ID : F6.6893</b> Occupation		Date (month, day, year)  05/22/2014  Amount  2500.00
D. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer    Occupation		Date (month, day, year)    Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE		Name of Employer    Occupation		Date (month, day, year)    Amount

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